

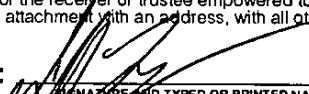


FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90060 028 ***150.00

DOCUMENT # P02000103204				May 03, 2005 8:00 am Secretary of State 05-03-2005 90060 028 ***150.00	
1. Entity Name J. F. FISH & CRITTERS, INC.					
Principal Place of Business 21127 NW 254ND ST OKEECHOBEE FL 34972		Mailing Address 21127 NW 254ND ST OKEECHOBEE FL 34972			
2. Principal Place of Business 21127 NW 254 ST		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)	
City & State Okeechobee FL		City & State		4. FEI Number 56-2295906	
Zip 34972		Country Okeechobee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATTERSON, BOND & LATSHAW, P.A. 3010 SOUTH THIRD ST. JACKSONVILLE BCH FL 32250				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete NAME FINGER, JEFFREY A STREET ADDRESS 21127 NW 254 FROST CITY-ST-ZIP OKEECHOBEE FL 34972				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VD <input type="checkbox"/> Delete NAME HAUBLA, STEVEN J STREET ADDRESS 21127 NW 254 FROST CITY-ST-ZIP DELRAY BCH FL 33448				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE SD <input type="checkbox"/> Delete NAME PACKARD, SARAH STREET ADDRESS 21127 NW 25TH FROST CITY-ST-ZIP DELRAY BCH FL 33448				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE TD <input type="checkbox"/> Delete NAME SCHNELL, ALVIN L STREET ADDRESS 3055 RIVERIA DRIVE CITY-ST-ZIP DELRAY BEACH FL 33445				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  4 26 04 663 487 7859 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					